

GENERAL COUNSELING FORM

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, 10 USC 3012(G). PRINCIPAL PURPOSE: To record counseling data pertaining to service members.
ROUTINE USES: Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.
DISCLOSURE: Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

PART I - BASIC DATA

1. NAME (<i>last, first, MI</i>)	2. SOCIAL SECURITY NO.	3. GRADE	4. SEX
LAST NAME, FIRST NAME MI	000-00-0000	RANK (SFC)	M/F
5. UNIT	FOR TRAINING UNITS ONLY		
UNIT ADDRESS	6. WEEK OF TRAINING	7. TRAINING SCORES	
	0 - 8	HIGH <u>AVG</u> MED <u>AVG</u> LOW <u>AVG</u>	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES

Date

You failed to achieve standards for: (State the specific reason(s) for the NO_GO).

9. DATE AND SUMMARY OF COUNSELING

Date

Counseling will identify the weakness experienced during the performance, while detailing what the Candidate and the DSL will do to prepare for the next test.

The Candidate will be assigned a peer instructor and required to attend a mandatory study hall. During the study hall the Candidate will receive a check-out by the DSL.

Upon completion of the check-out, the Candidate will receive rehabilitative counseling from the DSL (block 14) and given a retest date and time.

DISPOSITION INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement.

PART III - AUTHENTICATION	
10. NAME, GRADE, SIGNATURE OF COUNSELOR <div style="display: flex; justify-content: space-between;"> LAST NAME, FIRST NAME MI RANK (SFC) SIGNATURE DATE </div>	<div style="text-align: center;">DAY, MONTH, YEAR</div>
11. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I concur/nonconcur that the information above accurately reflects this counseling session. I nonconcur for the following reasons: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>	
CIRCLE CONCUR/NON-CONCUR AND INITIAL	
12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED <div style="display: flex; justify-content: space-between;"> LAST NAME, FIRST NAME MI RANK (SFC) SIGNATURE DATE </div>	<div style="text-align: center;">DAY, MONTH, YEAR</div>
13. IF COUNSELED INDIVIDUAL REFUSES TO SIGN COUNSELING NOTES, COUNSELOR WILL INITIAL THIS BLOCK.	
PART IV - REHABILITATION	
14. REHABILITATION RESULTS/COMMENTS <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>	
15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED <div style="display: flex; justify-content: space-between;"> LAST NAME, FIRST NAME MI RANK (SFC) SIGNATURE DATE </div>	<div style="text-align: center;">DAY, MONTH, YEAR</div>
16. NAME, GRADE, SIGNATURE OF COUNSELOR <div style="display: flex; justify-content: space-between;"> LAST NAME, FIRST NAME MI RANK (SFC) SIGNATURE DATE </div>	<div style="text-align: center;">DAY, MONTH, YEAR</div>
PART V - UNIT COMMANDER INTERVIEW	
17. INTERVIEW RESULTS AND RECOMMENDATION <div style="border: 1px solid black; height: 200px; margin-top: 10px;"></div>	
18. NAME, GRADE, SIGNATURE OF UNIT COMMANDER	<div style="text-align: center;">DATE</div>